# HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

Abinsay, Felipe Palma Jr.

STATE POSITION HELD: (Dept/Div or Board/Commission)

State Representative

TERM OF OFFICE (Begin/End):

2002 / 2004

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

#### ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
F	House of Representatives State of Hawaii State Capitol, Room 402	D	Salaries and Wages
SP	Elizabeth L. Abinsay, M.D., Inc. 634 Kalihi Street, #202 Honolulu, Hawaii 96819	F	Medical Practice
F	Isagenix International Phoenix, Arizona	В	Commission
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]Check here if entry is None

[ ]Check here if additional sheets are attached

#### ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
			10h all bare if additional ab	

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

# ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

			DATE OF TRANSFER	
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[ Check here if entry is None [ ] Check here if additional sheets are attached				

#### **ITEM 4: CREDITORS**

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
JT	City Bank 2295 No. King Street Honolulu 96819	E	E
JT	American Savings Bank P. O. Box 2300 Hon. 96814	G	G
JT	American Savings Bank	G	F
Jr.	MBNA America P. O. Box 15019 Wilmington, DE 19886	C)	C
F	CitiCards P. O. Box 6000 The Lakes NV 89163-6000		В
F	Discover Gold Card P.O. Box 30395 Salt Lake City (	r	С
		·	

# [ ]Check here if entry is None

[ ]Check here if additional sheets are attached

## ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
F F F F F F F F F F F F F F F F F F F	MOTTEPof Honolulu (Organ Donor Ce Filipino Coalition for Solidarity Ilocos Surian Assn. of Hawaii HCAP Fil-Am Veterans Hawaii Chapter Kalihi YMCA 1260 Richard Lane Condominium Ass	Adviser Adviser Director Adviser Director	Current Current Current Current Current Current Current	None None None None None None

Check here if entry is None

[ ]Check here if additional sheets are attached

## ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

ist interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more

rests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.			
STREET ADDRESS	TAX MAP KEY NUMBER	VALUE	
1260 Richard Lane, #B-516 Honolulu, Hawaii 96819	1-3039-002-0140-001	E	
2177 Laukahi Street Honolulu, Hawaii 96821	3-5-74:5	F	
	1260 Richard Lane, #B-516 Honolulu, Hawaii 96819 2177 Laukahi Street	1260 Richard Lane, #B-516 Honolulu, Hawaii 96819 2177 Laukahi Street 3-5-74:5	

Check here if entry is None

[ ]Check here if entry is None

[ ]Check here if additional sheets are attached

[ ]Check here if additional sheets are attached

## ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
TMK (under recordation) 1260 Richard Lane, #B504	G	Kathleen Ota
	TMK (under recordation)	CONSIDERATION PAID  TMK (under recordation) G

# ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
			dditional cheets are attached

[ **√**]Check here if entry is None

[ ]Check here if additional sheets are attached

#### ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY		
[V]Check here if entry is None [ ]Check here if additional sheets are attached			

## ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			O4 JUL 27 AID:12  STATE OF BABAIL STATE ETHICS COMM SSICK	RECEIVED

[ Check here if entry is None

[ ]Check here if additional sheets are attached

**CERTIFICATION:** I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

P. Abinsay, J.

July 26, 2014

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